

JUN 26 2008

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TO: COMMISSIONER FOR PATENTS -  
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FROM: SHERI ROBINSON

PHONE: 650/474-8400

COMPANY: USPTO

DATE: JUNE 25, 2008

FAX NUMBER: 571-273-8300

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER: 571-272-3282

RE REQUEST FOR WITHDRAWAL AS  
ATTORNEY - FORM PTO/SB/83

US SERIAL #10/085,836  
OUR REF.: WELL0020

☐ URGENT    ☒ FOR REVIEW    ☐ PLEASE COMMENT    ☒ PLEASE REPLY    ☐ PLEASE RECYCLE

Dear Sirs:

Attached for filing in the USPTO is a **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS FORM (PTO/SB/83)** for the above-referenced application number.

Please confirm receipt via FACSIMILE.

Thank you!

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3475 EDISON WAY, STE. L, MENLO PARK, CA 94025 TEL: (650) 474-8400 FAX: (650) 474-8401

Doc Code: PET.OP

Document Description: Petition for review by the Office of Petitions

JUN 26 2008

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0661-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/085,836
Filing Date	February 27, 2002
First Named Inventor	Jerry Brett Earnest
Art Unit	2163
Examiner Name	KINDRED, Alford
Attorney Docket Number	WELL0020

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number:

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

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|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

**Certifications****Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1. ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Applicant no longer requires Glenn Patent Group's representation and requests that all further correspondence be forwarded to their address of record.

[Page 1 of 2]

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REQUEST FOR WITHDRAWAL  
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature



Name

Michael A. Glenn

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Zip 94025

Country USA

Date

6/24/8

Telephone No. 650-474-8400

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[Page 2 of 2]

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